

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001836

1. Entity Name

WATERSIDE AT SPRING VALLEY HOMEOWNERS' ASSOCIATI

Principal Place of Business

80 S.W. 8TH STREET #1870
MIAMI FL 33130

Mailing Address

80 S.W. 8TH STREET #1870
MIAMI FL 33130-3039

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FRANCUZ, GREG

80 S.W. 8TH STREET #1870
MIAMI FL 33130

4. FEI Number

65-0915464

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

PTD
FRANCUZ, GREGORY
80 S.W. 8TH STREET #1870
MIAMI FL 33130

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

VD
COHEN, ALBERT
80 S.W. 8TH STREET #1870
MIAMI FL 33130

☒ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

SD
S. LANI KAHN
80 S.W. 8TH STREET #1870
MIAMI FL 33130

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

VD
Weis, Robert
80 SW 8th St 1870
Miami FL 33130

☐ Change ☒ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
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☐ Change ☐ Addition

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STREET ADDRESS
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregory R Francuz REQUIRED Gregory R Francuz

4-4-2000 (305) 577-8550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)